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Date: June 21, 2007

FACSIMILE COVER LETTER

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To: Commissioner for Patents

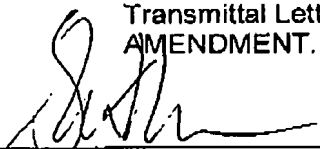
From : Mr. Shrinath Malur
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/634,772
Attorney Docket No.: ASA-1144

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter; and
AMENDMENT.


Shrinath Malur
Reg. No. 34,663

June 21, 2007
Date

Total Number of Pages (including cover sheet): 10

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Thank you.

Form PTO-1083

Patent

In RE application of A. KANDORI, et al

Case Docket No. ASA-1144

Serial No.: 10/634,772

Group Art Unit: 3768

For: BIOMAGNETIC FIELD MEASURING APPRATUS

Examiner: J. Cheng

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

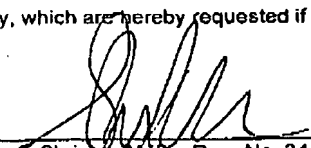
- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra		SMALL ENTITY Rate	Additional Fee	OR	OTHER THAN A SMALL ENTITY Rate	Additional Fee
Total	6	Minus	** 20	=		X 25	\$		X 50	\$
Indep.	1	Minus	*** 3	=		X 100	\$		X 200	\$
						X 160	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims						Total	\$	OR	Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Shrinath Malur, Reg. No. 34,663
Attorney for Applicant(s)Date: June 21, 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Appl. No. : 10/634,772 Confirmation No. 6846
Applicant : A. KANDORI et al
Filed : August 6, 2003
Title : BIOMAGNETIC FIELD MEASURING APPARATUS
TC/AU : 3768
Examiner : J. Cheng
Docket No. : ASA-1144
Customer No.: 24956

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of March 21, 2007, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks / Arguments begin on page 5 of this paper.